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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
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Assignee N	ame and Address:								
Endovascular Technologies, Inc. 3200 Lakeside Drive Santa Clara, CA 95054									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	nature Sarah Stepman			Date					
Name	Sarah Stolpman					55-0082			
Title	Assistant Secretar	У							

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Applicant/Patent Owner: Juan I. Perez, Matthew J. Fitz, Robin W. Eckert, Octavian lancea, Richard Newhauser,							
David T. Po	ollock, Timothy A.M. Chuter,						
Application	No./Patent No.: 10/091,172	Filed/Issue Date:	March 4, 2002				
Entitled: STAGED ENDOVASCULAR GRAFT DELIVERY SYSTEM							
	Endovascular Technologies, Inc, a Corporation						
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is:							
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. November 13, 2007							
_	Signature		Date				
	Glenn M. Massin	a	(610) 407-0700				
_	Printed or Typed Na	me	Telephone Number				
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